

## LABORATORY REPORT

Name : MRS MONIKA GAUTAM Age : 30 Yr(s) Sex : Female  
Registration No : MH011254630 Lab No : 202308004248  
Patient Episode : H18000000917 Collection Date : 26 Aug 2023 10:34  
Referred By : HEALTH CHECK MGD Reporting Date : 28 Aug 2023 10:34  
Receiving Date : 26 Aug 2023 10:34

### BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	O Rh(D) Positive		

#### Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

-----END OF REPORT-----

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Dr. Charu Agarwal  
Consultant Pathologist



monika gautam  
ID: 011254630  
26-Aug-2023  
11:25:52

72bpm  
BP: 116/70

PRETEST  
SUPINE  
0:05

BRUCE  
\*\*\*mph  
\*\*\*%



90 Hz  
25.0 mm/s  
10.0 mm/mV

H-S HR 46

4 by 2.5s + 1 rhy 1 ld

MAC55 009C

0







## TMT INVESTIGATION REPORT

Patient Name : Monika GAUTAM	Location : Ghaziabad
Age/Sex : 30Year(s)/Female	Visit No : V0000000001-GHZB
MRN No : MH011254630	Order Date : 26/08/2023
Ref. Doctor : HCP	Report Date : 26/08/2023

Protocol : Bruce	MPHR : 190BPM
Duration of exercise : 6min 28sec	85% of MPHR : 161BPM
Reason for termination : THR achieved	Peak HR Achieved : 168BPM
Blood Pressure (mmHg) : Baseline BP : 116/70mmHg	% Target HR : 88%
Peak BP : 132/74mmHg	METS : 7.7METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	101	116/70	Nil	No ST changes seen	Nil
STAGE 1	3:00	125	124/70	Nil	No ST changes seen	Nil
STAGE 2	3:00	152	132/74	Nil	No ST changes seen	Nil
STAGE 3	0:28	168	132/74	Nil	No ST changes seen	Nil
RECOVERY	3:02	104	120/74	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
MD  
Cardiology Registrar

## LABORATORY REPORT

Name	: MRS MONIKA GAUTAM	Age	: 30 Yrs
Registration No	: MH011254630	Lab No	: 202308004248
Patient Episode	: H18000000917	Collection Date	: 26 Aug 2023 12:13
Referred By	: HEALTH CHECK MGD	Reporting Date	: 28 Aug 2023 09:05
Receiving Date	: 26 Aug 2023 12:13		

### CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

#### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	SLIGHTLY TURBID	
pH	6.5	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

#### CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

#### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	1-2 /hpf	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

Page 1 of 1

-----END OF REPORT-----

  
 Dr. Charu Agarwal  
 Consultant Pathologist

## RADIOLOGY REPORT

NAME	MRS Monika GAUTAM	STUDY DATE	26/08/2023 11:44AM
AGE / SEX	30 y / F	HOSPITAL NO.	MH011254630
ACCESSION NO.	R6010976	MODALITY	US
REPORTED ON	26/08/2023 12:15PM	REFERRED BY	HEALTH CHECK MGD

### USG ABDOMEN & PELVIS FINDINGS

LIVER: appears enlarged in size (measures 157 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.  
SPLEEN: Spleen is normal in size (measures 99 mm), shape and echotexture. Rest normal.  
PORTAL VEIN: Appears normal in size and measures 9.9 mm.  
COMMON BILE DUCT: Appears normal in size and measures 3.0 mm.  
IVC, HEPATIC VEINS: Normal.  
BILIARY SYSTEM: Normal.  
GALL BLADDER: not seen (surgically removed ;post cholecystectomy status).  
PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.  
KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.  
Right Kidney: measures 98 x 34 mm.  
Left Kidney: measures 98 x 41 mm.  
PELVI-CALYCEAL SYSTEMS: Compact.  
NODES: Not enlarged.  
FLUID: Nil significant.  
URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.  
UTERUS: Uterus is anteverted, normal in size (measures 73 x 39 x 33 mm), shape and echotexture.  
Endometrial thickness measures 3.5 mm. Cervix appears normal.  
OVARIES: Both ovaries are normal in size, shape and echotexture. Rest normal.  
Right ovary measures 27 x 25 x 14 mm with volume 4.8 cc.  
Left ovary measures 29 x 21 x 16 mm with volume 5.1 cc.  
Bilateral adnexa is clear.  
BOWEL: Visualized bowel loops appear normal.

### IMPRESSION

**-Hepatomegaly with diffuse grade I fatty infiltration in liver.**

Recommend clinical correlation.



**Dr. Monica Shekhawat MBBS, DNB  
CONSULTANT RADIOLOGIST**

\*\*\*\*\*End Of Report\*\*\*\*\*

**MANIPAL HOSPITALS**

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**This report is subject to the terms and conditions mentioned overleaf**



**RADIOLOGY REPORT**

NAME	MRS Monika GAUTAM	STUDY DATE	26/08/2023 10:46AM
AGE / SEX	30 y / F	HOSPITAL NO.	MH011254630
ACCESSION NO.	R6010975	MODALITY	CR
REPORTED ON	26/08/2023 11:04AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Surgical clips are seen in right hypochondrium.  
VISUALIZED NECK: Normal.

IMPRESSION:

Bilateral lung fields are clear.

*Please correlate clinically*



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS  
CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*

## LABORATORY REPORT

Name : MRS MONIKA GAUTAM Age : 30 Yr(s) Sex : Female  
 Registration No : MH011254630 Lab No : 32230810140  
 Patient Episode : R03000054006 Collection Date : 26 Aug 2023 19:47  
 Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 26 Aug 2023 22:54  
 Receiving Date : 26 Aug 2023 20:07

## BIOCHEMISTRY

## THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.24	ng/ml	[0.80-2.04]
T4 - Thyroxine (ECLIA)	8.04	µg/dl	[5.50-11.00]
Thyroid Stimulating Hormone (ECLIA)	5.850	µIU/mL	[0.340-4.250]
1st Trimester:0.6 - 3.4		micIU/mL	
2nd Trimester:0.37 - 3.6		micIU/mL	
3rd Trimester:0.38 - 4.04		micIU/mL	

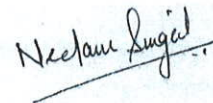
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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-----END OF REPORT-----



Dr. Neelam Singal  
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**LABORATORY REPORT**

Name : MRS MONIKA GAULAM : 30 Yr(s) Sex : Female  
 Registration No : MH011254630 Lab No : 202308004248  
 Patient Episode : H18000000917 Collection Date : 26 Aug 2023 10:34  
 Referred By : HEALTH CHECK MGD Reporting Date : 26 Aug 2023 16:01  
 Receiving Date : 26 Aug 2023 10:34

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Serum LIPID PROFILE</b>			
Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide	174	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	66	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition	53.0	mg/dl	[35.0-65.0]
VLDL- CHOLESTEROL (Calculated)	13	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	108.0	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio (Calculated)	3.3		<3 Optimal 3-4 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	2.0		

Note:  
Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases



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## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>KIDNEY PROFILE</b>			
Specimen: Serum			
UREA	16.6	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
<b>BUN, BLOOD UREA NITROGEN</b>	<b>7.8</b>	<b>mg/dl</b>	<b>[8.0-20.0]</b>
Method: Calculated			
<b>CREATININE, SERUM</b>	<b>0.54</b>	<b>mg/dl</b>	<b>[0.70-1.20]</b>
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.3	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	136.60	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	5.01	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.8	mmol/L	[101.0-111.0]
Method: ISE Indirect			
eGFR (calculated)	127.0	ml/min/1.73sq.m	[>60.0]

### Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

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<b>Patient Episode</b> :	H1800000917	<b>Collection Date</b> :	26 Aug 2023 10:34
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<b>Receiving Date</b> :	26 Aug 2023 10:34		

## LABORATORY REPORT

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>LIVER FUNCTION TEST</b>			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.51	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.09	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.42	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.70	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.52	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.18	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.42		[1.00-2.50]
AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	20.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	17.30	U/L	[14.00-54.00]
<b>Serum Alkaline Phosphatase</b> <i>Method: AMP BUFFER IFCC</i>	<b>180.0</b>	<b>IU/L</b>	<b>[40.0-98.0]</b>
GGT	19.0	U/L	[7.0-50.0]



<b>Name</b>	: MRS MONIKA GAULAN	<b>LABORATORY REPORT</b>	: 30 Yr(s) Sex :Female
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**BIOCHEMISTRY**

<b>TEST</b>	<b>RESULT</b>	<b>UNIT</b>	<b>BIOLOGICAL REFERENCE INTERVAL</b>
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Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

-----END OF REPORT-----



**Dr. Alka Dixit Vats**  
**Consultant Pathologist**

<b>Name</b>	: MRS MONIKA GAULAM	<b>Age</b>	: 30 Yr(s) Sex :Female
<b>Registration No</b>	: MH011254630	<b>Lab No</b>	: 202308004249
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## LABORATORY REPORT

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma			
GLUCOSE, FASTING (F)	100.0	mg/dl	[70.0-110.0]
Method: Hexokinase			

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).  
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),  
Drugs-  
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

-----END OF REPORT-----



**Dr. Alka Dixit Vats**  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS MONIKA GAULAM : 30 Yr(s) Sex : Female  
 Registration No : MH011254630 Lab No : 202308004250  
 Patient Episode : H18000000917 Collection Date : 26 Aug 2023 15:15  
 Referred By : HEALTH CHECK MGD Reporting Date : 26 Aug 2023 16:18  
 Receiving Date : 26 Aug 2023 15:15

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	117.0	mg/dl	[80.0-140.0]

Note:  
 Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

-----END OF REPORT-----



**Dr. Alka Dixit Vats**  
 Consultant Pathologist

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 Patient Episode : H1800000917 Collection Date : 26 Aug 2023 10:34  
 Referred By : HEALTH CHECK MGD Reporting Date : 26 Aug 2023 12:16  
 Receiving Date : 26 Aug 2023 10:34

## HAEMATOLOGY

## COMPLETE BLOOD COUNT (AUTOMATED)

RBC COUNT (IMPEDENCE) 4.38  
 HEMOGLOBIN 11.3  
 Method:cyanide free SLS-colorimetry  
 HEMATOCRIT (CALCULATED) 35.4  
 MCV (DERIVED) 80.8  
 MCH (CALCULATED) 25.8  
 MCHC (CALCULATED) 31.9  
 RDW CV% (DERIVED) 17.0  
 Platelet count 130  
 Method: Electrical Impedance  
 MPV (DERIVED) -----

## SPECIMEN-EDTA Whole Blood

millions/cumm [3.80-4.80]  
 g/dl [12.0-15.0]  
 % [36.0-46.0]  
 fL [83.0-101.0]  
 pg [25.0-32.0]  
 g/dl [31.5-34.5]  
 % [11.6-14.0]  
 x 10<sup>3</sup> cells/cumm [150-410]  
 x 10<sup>3</sup> cells/cumm [4.00-10.00]  
 % [40.0-80.0]  
 % [20.0-40.0]  
 % [2.0-10.0]  
 % [1.0-6.0]  
 % [0.0-2.0]  
 mm/1sthour [0.0-20.0]

ESR

30.0

Page 1 of 2

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